

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1442
County Registrar No. 731
Local Registrar No. _____

2. Full name of child Geraldine Marie Cox
(If birth occurred in hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth June 29, 1926
Month Day Year

8. FATHER
Full name Thomas Delaney Cox
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 26 (Years)

14. MOTHER
Full maiden name Thelma T. Bricker
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Strawn
(State or country) Texas
13. Occupation Oilier - Hoist House
Nature of Industry Mining

18. Birthplace (city or place) Buckeye
(State or country) Texas
19. Occupation _____
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia, neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 11:30 A. M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown, M.D.
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report.
Month, day, year

Filed Aug 3, 1926 Ed E. Dring
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

737-629-329